

## PATIENT

Zoey Monroe Gonzalez

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

Spayed female

## AGE

14 years

## WEIGHT

21.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Service

## REFERRING VET

Dr. Casta

## INVOICE

73921

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- Presented for abdominal ultrasound to evaluate sudden onset of anemia, hematochezia and previous hx of pancreatitis.
- Presented to rDVM 7 days ago with inappetence and hematochezia. Pt was diagnosed with pancreatitis and was managed, but there was a sudden onset of regenerative anemia
- PT has previous hx of hypothyroidism, Addison's disease which has been on prednisone and Renal disease.
- Prednisone was d/c last week.
- BW attached as supporting documents Hct: 22.9% Creat: 2.4, BUN 54

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Bladder wall thickness measured 0.36 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the kidneys as well as slight mineralization. The right kidney measured 4.3 cm. The left kidney measured 4.6 cm.

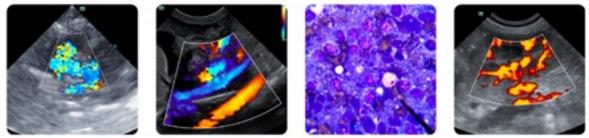
The iliac lymph nodes were reactive and measured 2.5 x 1.07 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.2 x 0.74 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.4 x 0.75 at the caudal pole and 0.88 cm at the cranial pole.

### Spleen

The **spleen** was folded upon itself caudally.



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## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was over distended with dependent debris, sand and coalesced bile, yet not to the level of mucocele formation. The hepatic lymph nodes were cystic and not pathological.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was reactive and measured 1.16 x 0.52 cm.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

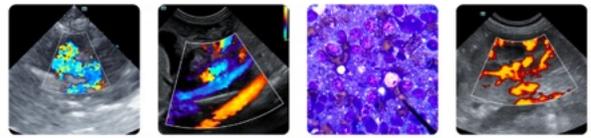
## ULTRASONOGRAPHIC FINDINGS

Chronic cystitis bladder pattern.

Age related renal changes with mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work-up is warranted to assess for any evidence of UTI. There was no evidence of neoplasia noted in the abdomen. Ursodiol therapy is warranted given the gallbladder presentation. Recheck sonogram is recommended in 4-6 weeks after management for evidence of UTI and gallbladder management. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate may be appropriate. Complicating factors such as systemic hypertension, hypovolemia and other prerenal disease as well as UTI should all be ruled out.



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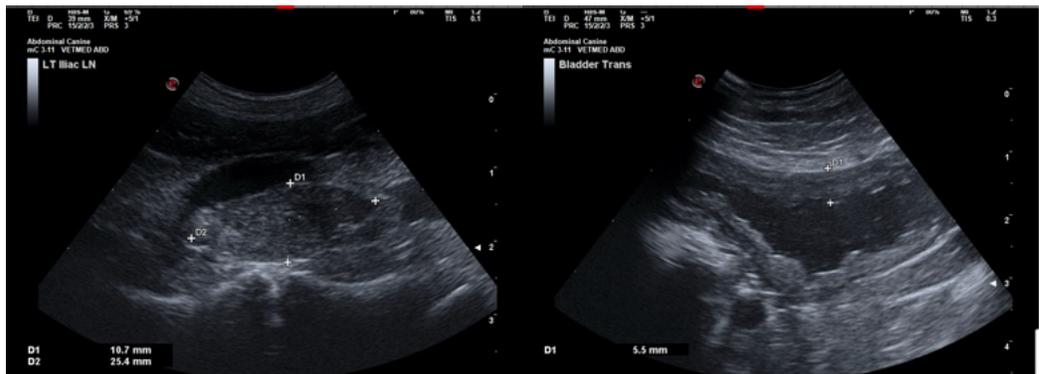
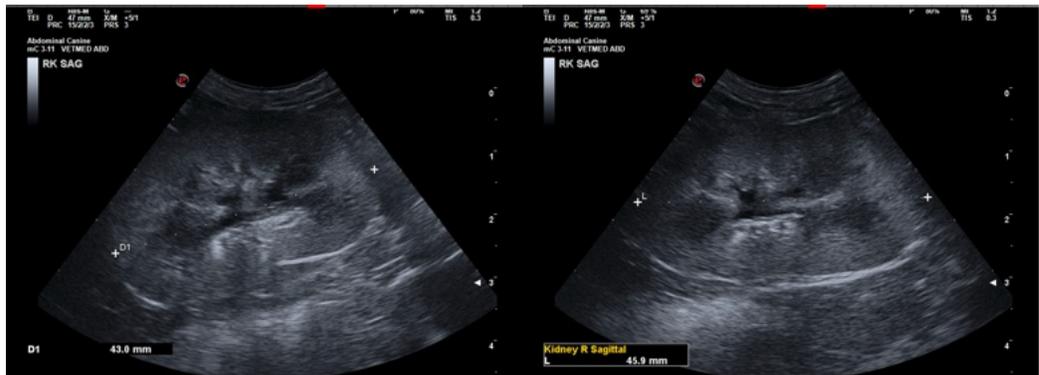
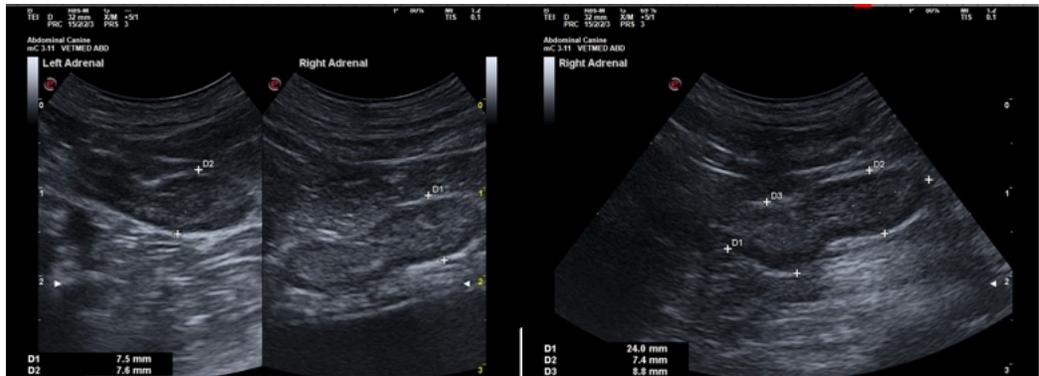
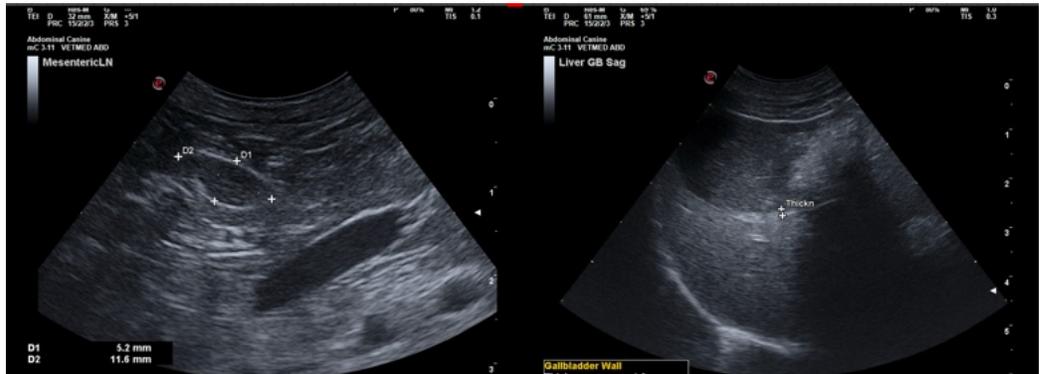
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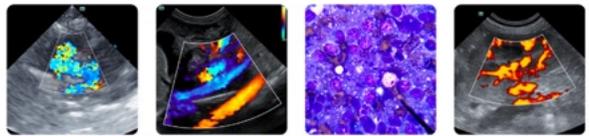
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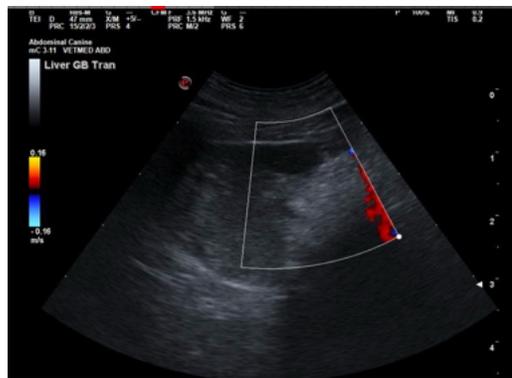
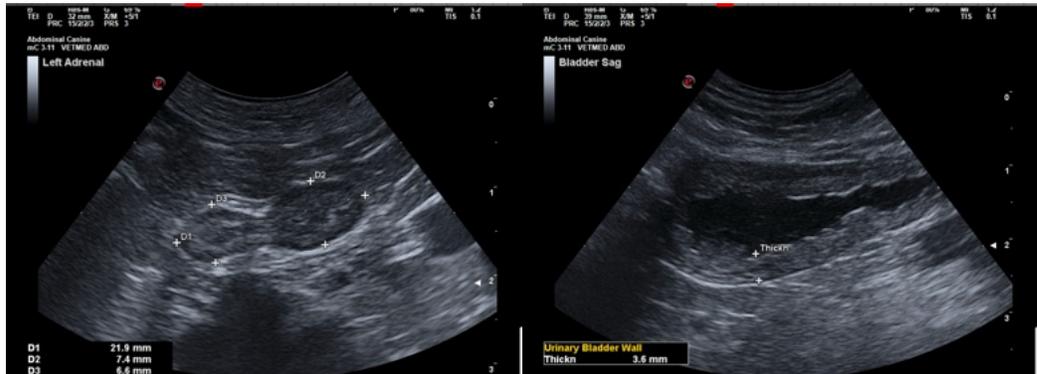
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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